CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT	State of Nevada
Lisabeth Bertschi Trystee - 6.6.1.	District (if applicable)
Mailing Address (include city and zip code)	(775) 557-2112 Telephone No.
E-Mail Address	1000100
Select Appropriate Box(es) CANDIDATE PAC BAG POL PRTY IND EXP	AMENDED TANNUAL FILING
Annual Filing - Due January 15, 2004 Period: January 1, 2003 - December 31, 2003	
Report #1 — Due August 31, 2004 Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 — Aug 26, 2004	
Incumbents in an Office with a 6-year term All others Ballot Advocacy Groups (BAGs) only: Period: Period: Dec. 20, 1998 — Aug 26, 2004 Jan. 1, 2004 – Aug. 26, 2004 Dec. 5, 2002 – Aug 26, 2004	
Report #2 Due — October 26, 2004 Period: Aug. 27, 2004 — Oct. 21, 2004	FOR OFFICE USE ONLY
Report #3 Due — January 15, 2005*	
Period: Oct. 22, 2004 — Dec. 31, 2004 BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004	
Annual Filing – Due January 15, 2005	
Period: January 1, 2004 – December 31, 2004 *Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos.	1 and 2
	Cumulative
CONTRIBUTIONS SUMMARY	From Beginning of Report Period
	This Period #1 through End of This Reporting
Total Manatany Contributions Received in Evenes of \$400	O Period O
Total Monetary Contributions Received in Excess of \$100	
Total Monetary Contributions Received of \$100 or Less	$O \perp O$
This Period Cumulative From Beginning of	
Report Period #1; Through End of This Reporting	
3. Total Amount of Monetary Contributions	
Received (Add Lines 1 and 2)	0 10
Total Value of In Kind Contributions Received in	
	.
	1 (1 () () () () () () () () ()
 Total Monetary Expenses Paid in Excess of \$100 Total Monetary Expenses Paid of \$100 or Less 	$C \cup C$
7 Total Amount of All Monetary Expenses Paid	0 0
(Add Lines 6 and 6) Total Value o'Nn Kind Expenses in Excess	
of \$100	-
AFFIRMATION	
Declare Under Penalty of Perjuty That the Foregoing is True and Correct.	
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Signature	Date
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CAMPAIGN-CON	TRIBUTIONS	migraphysical designation	eringen in state of the second	Report Period	14-1
Lisabeth			2-6.G.I.D.		
Name (print)		Office (if applicable)		District (if a	pplicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN

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Name (print)

Bertschi

Trustee-6.6.1. D. Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	ı
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	ĸ

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

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Trustee-6.6.1.D.
Office (if applicable)

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE

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IN KIND CONTRIBUTIONS AND EXPENSES REPORT

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

IN KIND CAMPAIGN CONTRIBUTIONS	— The state of the	Report Period #_ [
Lisabeth Kertschi		And the course to the second of the second
Name (print)	Office (if applicable)	District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
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Lisabeth			2-G.G.(.D.
ame (print)		Office (if and final to)	

Name (print) Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
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PAGE 7 OF 7

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT	State	of Nevada
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Mailing Address (include city and zip code) Mailing Address (include city and zip code)	Telephone No.	strict (if applicable)
E-Mail Address		
Select Appropriate Box(es) CANDIDATE PAC BAG POL PRTY ND EXP	AMENDED AN	NUAL FILING
Annual Filing - Due January 15, 2004 Period: January 1, 2003 - December 31, 2003		
Report #1 — Due August 31, 2004		
Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 — Aug 26, 2004 Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 — Aug 26, 2004		
All others Period: Jan. 1, 2004 – Aug. 26, 2004 Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 – Aug 26, 2004		
Report #2 Due — October 26, 2004 Period: Aug. 27, 2004 — Oct. 21, 2004	FOR OF	FICE USE ONLY
Report #3 Due — January 15, 2005* Period: Oct. 22, 2004 — Dec. 31, 2004		
BAGs only: Oct. 22, 2004 — Dec. 51, 2004 Oct. 22, 2004 — Dec. 51, 2004		
Annual Filing – Due January 15, 2005	•	
Period: January 1, 2004 – December 31, 2004 *Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos.	1 and 2	
60		Cumulative
CONTRIBUTIONS SUMMARY	ek ngg en	From Beginning of Report Period
	This Period	#1 through End of This
the action of the second of th		Reporting Period
Total Monetary Contributions Received in Excess of \$100		0
2. Total Monetary Contributions Received of \$100 or Less	0	0
This Period Cumulative From		
Beginning of Report Period #1 Through End of		
This Reporting		
Total Amount of Monetary Contributions Received		
(Add Lines 1 and 2)	O	0
Total Value of In Kind Contributions Received in Excess of \$100		·
EXPENSES SUMMARY	vi	
5. Total Monetary Expenses Paid in Excess of \$100	O	
Total Monetary Expenses Paid of \$100 or Less Total Amount of All Monetary Expenses Paid		
(Add Lines 5 and 6) 8. Total Value of In Kind Expenses in Excess		
of \$100		
AFFIRMATION		
Declare Under Penalty of Perjury That the Foregoing is True and Correct.		
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Signature EL201.doc Revised: Jan-04 PA	Date OF	7
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Lisabeth	.1			- ^		,
Name (print)	Off	fice (if applicable)	·····		District (if ap	olicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

HERE	CHECK IF L	AMOUNT OF EACH CONTRIBUTION	DATE OF EACH CONTRIBUTION	CONTRIBUTOR'S NAME AND ADDRESS
AND SECTION OF SECTION				
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#3

Lisabeth Bertsd

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	Α
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Н
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	К

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

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Re	port	Per	iod	1	#

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Name (print)	DC113CA1	Office (Kamplicable)	6.6.1.U

District (if applicable)

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A 365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
		-	

IN KIND CONTRIBUTIONS AND EXPENSES REPORT

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IN KIND CAMPAIGN CONTRIBUTIONS	and it with the second second account of the second second second second second second second second second se	Report Period # 7
Lisabeth Wertsch Name (print)	office (if applicable)	S. 1. Q. District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
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Lisabeth	Bertschi	Toustee	-6.6.1	$\overline{\Delta}$
Name (print)	,,,	Office (if applicable)		

Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
		•	
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